

PART B - FEE(S) TRANSMITTAL

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28075 7590 05/18/2009
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Kathleen L. Boekley	(Depositor's name)
<i>Kathleen L. Boekley</i>	(Signature)
August 17, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,651	07/09/2003	Pu Zhou	1001.1662101	9310

TITLE OF INVENTION: METHOD OF FORMING CATHETER DISTAL TIP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/18/2009				
EXAMINER	ART UNIT		CLASS-SUBCLASS							
HUSON, MONICA ANNE	1791		264-138000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>									
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. <u>CROMPTON, SEAGER & TUFTE, LLC</u>									
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3. _____									

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature David M. Crompton

Date 8/17/09

Typed or printed name David M. Crompton

Registration No. 36,772

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